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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION Application or Filing Date: **Docket Number** RECORD To be Mailed 09759089 01/11/2001 Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) OR NUMBER FILED FEE (\$) FOR NUMBER EXTRA RATE (\$) RATE (\$) FEE (\$) BASIC FEE N/A N/A N/A N/A (37 CFR 1.16(a), (b), or (c)) ☐ SEARCH FEE N/A N/A N/A N/A (37 CFR 1.15(k), (i) **EXAMINATION FEE** N/A N/A NA N/A (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS X \$25 = OR X \$50 = minus 20 = (37 CFR 1.16(i)) INDEPENDENT CLAIMS minus 3 = X \$100 = X \$200 = (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) ☐APPLICATION SIZE FEE (37 CFR 1.16(s)) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). + \$180 +\$360 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN **SMALL ENTITY** SMALL ENTITY (Column 1) (Column 2) (Column 3) OR CLAIMS HIGHEST REMAINING NUMBER PRESENT ADDITIONAL ADDITIONAL ⋖ 100406 RATE (\$) RATE (\$) **PREVIOUSLY AFTER EXTRA** FEE (\$) FEE (\$) ENDMENT AMENDMENT PAID FOR Total (37 CFR • 58 Minus **--** 63 = X \$25= X \$50= 1.16(1) Independent (37 CFR 1.18(h)) Minus • 3 - 3 OR X \$200= • X \$100 = ₹ Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) OR TOTAL TOTAL ADD'L OR ADDL FFF FFF (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS PRESENT ADDITIONAL ADDITIONAL REMAINING NUMBER RATE (\$) RATE (\$) **AFTER** PREVIOUSLY **EXTRA** FEE (\$) FEE (\$) ENT AMENDMENT PAID FOR Total gr cFR Minus ENDMI X \$25 = OR x \$50 = Independent Minus OR X \$100 = X \$200 = Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i)) TOTAL TOTAL CALCULATE ADD'L OR ADDL FEE FFF \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner. \*\* If the "Highest Number Previously Patd For" IN THIS SPACE is less than 20, enter "20". carol barnes \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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